

# 2002 AR1000S ARKANSAS INDIVIDUAL INCOME TAX RETURN

## Full Year Resident / Short Form

DEPT USE ONLY

S

Jan 1 - Dec 31, 2002 or Fiscal Year Ending

, 20

<b>USE LABEL, PRINT OR TYPE</b>	FIRST NAME(S) AND INITIAL <i>(List both if applicable)</i>	LAST NAME(S) <i>(See Instructions)</i>	YOUR SOCIAL SECURITY NUMBER		
	PRESENT ADDRESS - NUMBER AND STREET, APARTMENT OR RURAL ROUTE		SPOUSE SOCIAL SECURITY NUMBER		
	CITY, TOWN OR POST OFFICE, STATE AND ZIP CODE		HOME TELEPHONE:  WORK TELEPHONE:		
<b>FILING STATUS</b> Check only one box	1. <input type="checkbox"/> SINGLE: <i>(Or widowed before 2002 or divorced at end of 2002)</i>		4. <input type="checkbox"/> MARRIED FILING SEPARATELY ON THE SAME RETURN:		
	2. <input type="checkbox"/> MARRIED FILING JOINT: <i>(Even if only one had income)</i>		5. <b>IF FILING STATUS 5, USE AR1000/AR1000NR - LONG FORM</b>		
	3. <input type="checkbox"/> HEAD OF HOUSEHOLD: <i>(See Instructions)</i> If the qualifying person is your child but not your dependent, enter this child's name here: _____		6. <input type="checkbox"/> QUALIFYING WIDOW(ER): with dependent child. Year spouse died: <i>(See Instructions)</i> _____		
			<b>HAVE YOU FILED A FEDERAL EXTENSION?</b> <input type="checkbox"/> <small>Check this box if you have filed an Automatic Federal Extension Form 4868. (See Instructions).</small>		
<b>PERSONAL CREDITS</b>	7A. <input type="checkbox"/> YOURSELF • <input type="checkbox"/> 65 or OVER • <input type="checkbox"/> 65 SPECIAL • <input type="checkbox"/> BLIND • <input type="checkbox"/> DEAF • <input type="checkbox"/> HEAD OF HOUSEHOLD/QUALIFYING WIDOW(ER)				
	7B. First name(s) of dependents: <i>(Do not list yourself or spouse)</i> <b>Multiply number of boxes checked from Line 7A</b> <input type="checkbox"/> X \$20 = _____				
	7C. TOTAL PERSONAL CREDITS: <i>(Add Lines 7A and 7B. Enter total here and on Line 16)</i> <b>Multiply number of dependents from Line 7B</b> <input type="checkbox"/> X \$20 = _____				
<b>INCOME</b>	<b>ROUND ALL INCOME FIGURES TO WHOLE DOLLARS</b>				
	8. Wages, salaries, tips, etc.: _____	8	00	8	00
	9. Interest income/dividend income: <i>(If either interest or dividend are over \$1,500, attach page ARS2)</i> _____	9	00	9	00
	10. Miscellaneous income: <i>(List type and amount. See Instructions)</i> _____	10	00	10	00
	11. TOTAL INCOME: <i>(Add Lines 8 through 10)</i> _____	11	00	11	00
<b>DEDUCTIONS</b>	12. Select Tax Table: • <input type="checkbox"/> <b>LOW INCOME Table 1</b> • <input type="checkbox"/> <b>REGULAR Table 2</b>				
	Standard Deduction: <i>(See Instructions)</i>				
	NOTE: If you qualify for the Low Income Table, enter zero (0) on Line 12A. _____				
	13. Taxable Income. <i>(Subtract Line 12 from Line 11)</i> _____	13	00	13	00
	14. Enter tax from table: _____	14	00	14	00
<b>TAX COMPUTATION</b>	15. TOTAL TAX: <i>(Add Lines 14A and 14B)</i> _____				
	16. Personal Tax credits. <i>(Enter total from Line 7C)</i> _____	16	00		
	17. Working Taxpayer credit: <i>(See Instructions. Attach AR1328)</i> _____	17	00		
	18. Child Care credit: <i>(Attach Federal schedule, 20% of Federal credit allowed)</i> _____	18	00		
	19. TOTAL CREDITS: <i>(Add Lines 16 through 18)</i> _____	19	00		
<b>TAX CREDITS</b>	20. NET TAX: <i>(Subtract Line 19 from Line 15. If Line 19 is greater than Line 15, enter 0)</i> _____				
	21. Arkansas Income Tax withheld: <i>(Attach State copies of W-2s)</i> _____	21	00		
	22. Early Childhood Program: Certification Number: _____ <i>(Attach Fed. Form 2441 or 1040A, Sch. 2 &amp; Cert. Form AR1000EC, 20% of Fed. credit allowed)</i>	22	00		
	23. TOTAL PAYMENTS: <i>(Add Lines 21 and 22)</i> _____	23	00		
	24. AMOUNT OF OVERPAYMENT/REFUND: <i>(If Line 23 is greater than Line 20, enter difference)</i> _____	24	00		
<b>REFUND OR TAX DUE</b>	25. Amount to be contributed to AR Disaster Relief Fund: _____	25	00		
	26. Amount to be contributed to the U. S. Olympic Fund: _____	26	00		
	27. Amount to be contributed to the AR Schools for the Blind and Deaf: _____	27	00		
	28. AMOUNT TO BE REFUNDED TO YOU: <i>(Subtract Lines 25, 26 and 27 from Line 24)</i> _____	28	00		
	29. Amount Due: <i>(If Line 23 is less than Line 20, enter the difference; If over \$1,000 See Instructions)</i> _____	29	00		
<b>PLEASE SIGN HERE</b>	<b>PLEASE SIGN HERE:</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Your Signature		Occupation	Date	
	Spouse's Signature		Occupation	Date	
<b>PAID PREPARER</b>	Paid Preparer's Signature		ID Number/Social Security Number		
	Preparer's Name		City/State/Zip		
	Address		Telephone Number		
		<b>FOR DEPARTMENT USE ONLY</b> A • _____ B • _____ C • _____ D • _____ E • _____ F • _____			

### Mailing Information

Mail **REFUND** returns to: DFA State Income Tax, P. O. Box 1000, Little Rock, AR 72203-1000.  
Mail **TAX DUE** returns to: DFA State Income Tax, P. O. Box 2144, Little Rock, AR 72203-2144.  
Mail **NO TAX DUE** returns to: DFA State Income Tax, P. O. Box 8026, Little Rock, AR 72203-8026.

<b>Part 1      INTEREST INCOME</b>				<b>Part 2      DIVIDEND INCOME</b>					
<p>Interest on bank deposits, notes, mortgages, interest from individuals, corporation bonds, savings and loan deposits and credit union deposits are taxable. Interest on obligations of other states and subdivisions are fully taxable.</p> <p>List the names of the interest source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>				<p>Dividends and other distributions on stock, are fully taxable. There is no dividend exclusion applicable to Arkansas.</p> <p>List the names of the dividend source below and designate the ownership by writing Y (Yours), S (Spouse) or J (Joint).</p>					
Y	S	J	NAME OF PAYER	AMOUNT	Y	S	J	NAME OF PAYER	AMOUNT
				00					00
				00					00
				00					00
				00					00
				00					00
				00					00
				00					00
				00					00
				00					00
				00					00
<b>Total Interest Income:</b> <i>Enter here and on Line 9. ....</i>				00	<b>Total Dividend Income:</b> <i>Enter here and on Line 9. ....</i>				00

## CHECKLIST FOR AR1000S FILERS

This checklist is to help you make sure that your form is filled out correctly. Errors may delay your refund.

- ☐ 1. Is your name and address correct on the preprinted label? If not, did you enter the name, address and social security number for you and your spouse in the space provided?
- ☐ 2. Is your social security number correct?
- ☐ 3. Did you use the correct filing status column and taxable income to find your tax in the tax table?
- ☐ 4. Did you attach your W-2 form(s)?
- ☐ 5. Did you add and subtract correctly especially when figuring your refund or amount you owe?
- ☐ 6. Did you sign and date your return?
- ☐ 7. Did you keep a copy of your return for your records?